



Little Traverse Bay Bands of Odawa Indians  
Elders Program  
7500 Odawa Circle  
Harbor Springs, MI 49740  
Ph: (231) 242-1423 or (231) 242-1422



**Food & Utility Reimbursement  
Application**

Date 2013

---

---

Please **print** the following information:

**Tribal Enrollment Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
(First) (Middle) (Last)

**Mailing Address:** \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

**Date of Birth:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Please remember to include original utility & grocery receipts for current calendar year**

---

---

**For office use only, please do not write in this section.**

**Utility Total:** \_\_\_\_\_ **Grocery Total:** \_\_\_\_\_